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Form **990-EZ** 

# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150 2015

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Open to Public Inspection

	A Fo	or the	2015 calend	ar year, or tax year beginning	January 1	, 2015, and ending	Dec	ember 31	, 20	15
	B Ch	neck if ap	plicable:	C Name of organization			D Empl	oyer identificat	ion numbe	er e
	<u> </u>	ddress cl	hange	Alliance for Haiti's Children			l.	27-17809	346	
	<u> </u>	ame cha	nge	Number and street (or P.O. box, if mail is	not delivered to street address)	Room/suite	E Telep	hone number		
	=	intial retur		1820 Elgin Drive			ł	703-242-4	1330	
	=	inal returi mended i	v/terminated	City or town, state or province, country,	and ZIP or foreign postal code		F Grou	p Exemption		
	=		n pending	Vienna, VA 22182				nber ►		
		-	ing Method:		pecify) ▶		H Check I	► ☐ if the or	ganization	is not
		ebsite	_	allhaitikids.org				to attach Sch		
	j Ta	x-exem	pt status (che	eck only one) — 🗸 501(c)(3) 🔲 501	(c) ( ) ◀ (insert no.) ☐ 494	7(a)(1) or 527	•	90, 990-EZ, or		
				: 🗸 Corporation 🔲 Trust		Other				
				7b to line 9 to determine gross recei	pts. If gross receipts are \$200	,000 or more, or if to	tal assets			
	(Part	i II, coli	umn (B) belov	w) are \$500,000 or more, file Form 99	00 instead of Form 990-EZ.			<b>▶</b> s		
	Pa	art I	Revenu	e, Expenses, and Changes	in Net Assets or Fund I	Balances (see th	ne instruc	ctions for Pa	art I)	
				the organization used Schedu		•				. 🗹
	$\overline{}$	1		ons, gifts, grants, and similar am				1		55,855
	1	2		ervice revenue including governr				2		
		3	_	nip dues and assessments				3		
		4	Investmen	t income				4		62
		5a	Gross amo	ount from sale of assets other that	an inventory	5a	8068			
		b	Less: cost	or other basis and sales expens	es	5b	6705			
		С	Gain or (lo	ss) from sale of assets other than	n inventory (Subtract line 5	b from line 5a) .		5c		1,363
	.	6	Gaming ar	nd fundraising events		•				
316		а	Gross inc	come from gaming (attach Sc	hedule G if greater than	1		1-19 P		
7	Revenue		\$15,000)	<i></i>		6a				
SCANNED NOV 2 1 2016		b	Gross inco	ome from fundraising events (not	including \$	of contributi	ons			
~			from fund	raising events reported on line 1	) (attach Schedule G if the	<del></del>				
≥	_		sum of su	ch gross income and contribution	ns exceeds \$15,000)	6b				
$\geq$		С	Less: direc	ct expenses from gaming and fui	ndraising events	6c				
		d	Net incom	ne or (loss) from gaming and ful	ndraising events (add lines	6 6a and 6b and	subtract			
$oldsymbol{\overline{w}}$			line 6c)		· · · · · · · · ·	<u> </u>		6d		
₹.	- 1	7a	Gross sale	es of inventory, less returns and a	allowances	\7a				
\$		Ь	Less: cost	of goods sold	allowances	7/10/16				
ري		С	Gross pro	fit or (loss) from sales of inventor	y (Subtract line 76 from line	e7 <b>∤</b> 00∑\		7c		
S		8	Other reve	enue (describe in Schedule C) .	3 31110	· /8/ · · ·		8		
		9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d,			<u> ▶</u> _	9	1	57,280
	}	10	Grants and	d similar amounts paid (list in Schaid to or for members	hed the O)	۰۰۰ کمسنگالا		10		44,744
		11	Benefits p	aid to or for members	· M. COEN			11		
	808	12	Salaries, o	ther compensation, and employ	ee benefits			12		10,334
	85	13	Profession	nal fees and other payments to in	dependent contractors .			13		
	Expen	14	o ooupa	,,, , o, , c, a con coo, and a				14		2,160
	ű	15		publications, postage, and shippi				_15		497
		16		enses (describe in Schedule O)				16		<u>596</u>
		17	Total exp	enses. Add lines 10 through 16	<del> </del>	<u> </u>	<u> ▶</u>	17		58,331
	蜂	18	Excess or	(deficit) for the year (Subtract lin	e 17 from line 9)			18		98,949
	86	19		s or fund balances at beginning				A STATE OF THE STA		
	Net Assets		-	ar figure reported on prior year's				19		18,176
	<u>듛</u>	20		inges in net assets or fund baland				20		8,299
	Z	21	Net asset	s or fund balances at end of year	. Combine lines 18 through	1 20	<u> ▶</u>	21	1	125,424

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2015)

Pa	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	18,176	22	125,424
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		[		24	
25	Total assets			18,176		125,424
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			18,176	27	125,424
Par	<del></del>	•		•	]	F
<del></del>	Check if the organization used Schedule		ny question in this	Part III 🗸	/ <sub>(Re</sub>	Expenses quired for section
	t is the organization's primary exempt purpose?	See Schedule O			501	(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each o	f its three largest p	program services,		anizations, optional for ers.)
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each		e services provide	d, the number of	Oth	ers. <i>)</i>
					<del> </del>	<del> </del>
28	Academic Enrichment Program: includes an after-sc enrichment camp; See Schedule O				}	
	emichinent camp; see schedule O					
	(Grants \$ ) If this amount	ıncludes foreign gra	ints check here	▶ □	288	20 274
29	Student Sponsorship; See Schedule O					20,371
					l	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	298	17,497
30	Community computer lab and library; See Schedule					1,7,0,
					}	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	302	4,750
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> </u>	318	2,126
32	Total program service expenses (add lines 28a	through 31a)		•	32	44,744
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u> </u>	<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	/ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and		other compensation
		·	(if not paid, enter -0-)	deferred compensatio	<u>-</u>	
	nica Payen	-			-	
	ram Manager	20	9,60	0	-	
	K. Bazzarone		į.			
	d Member	15		<u> </u>	+	<del></del>
	y Rehberger				1	
	d Member	15		0	+	
	cia Vaughn d Member	7			- 1	
	erly Burnett	<del> '</del>	<del> </del>	0	+	
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Vea   No detailed description of each activity in Schedule O	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
33		instructions for Part V) Check it the organization used schedule O to respond to any question in this	Part		_=
4 Were any significant changes made to the organizing or governing documents? If Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see Instructions)  35 Did the organization is unrealized business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  b If Yes," bine \$3a, has the organization the organization the organization is organization as excition \$01(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes," complete Schedule C, Part III .  35b	33		33	103	<b>√</b>
15ab Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lites 2, 6a, and 7a, among others)?  b if "Yes," to line 35a, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule 0 or Was the organization a section 501(6)(5), 501(6)(5) or 101(6)(6) organization subject to section 603(5)(6) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  15b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asserts during the year? If "Yes," complete schedule C, Part III.  15c Did the organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still Lottsanding at the end of the tax year covered by this return?  15c Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still Lottsanding at the end of the tax year covered by this return?  15c Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still Lottsanding at the end of the tax year covered by this return?  15c Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still custanding at the end of the tax year covered by this organization.  15c Did the organization borrow from, or make any loans to the tax year covered by this return is flied.  15c Did the organization and capital contributions included on line 9 and the supplementation of the proof to the proof to the proof to the proof.  15c Did the organization and the proof more 390 or 990-EZ If If Ves, "complete form 390 or 990-EZ If If Ves," complete form 390 or 990-EZ If If Ves," Form 990 must be completed inste	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		
b If "Yes," to line \$8a. has the organization is section 5016(k) organization subject to section 5034(s) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III .  36 Did the organization as section 5016(k) organization subject to section 5034(s) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III .  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶   37a    37b Did the organization in Form 1120-PCL for this year? .  37a Sa Did the organization be Form 1120-PCL for this year? .  37b If "Yes," complete Schedule L, Part II and enter the total amount involved .  38b Did the organization be an organization settle or a prior year and still outstanding at the end of the tax year covered by this return?  37b If "Yes," complete Schedule L, Part II and enter the total amount involved .  38c Section 501(c)(7) organizations. Enter: alinitation fees and capital contributions included on line 9 .  38c Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4910 P 0 ; section 4912 ▶ 0 ; section 4910 P 0 ; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization in a pnor year tath has not been reported on any of its prior Forms 990 or 990-EZ if "Yes," complete Schedule L, Part I c section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization set the vary of the organization in a pnor year tath has not been reported on any of its prior Forms 990 or 990-EZ if "Yes," complete Schedule L, Part I c section 4912, 4955, and 4958 .  40c List the states with which a copy of this return is filed ▶ 10 the organization in managers or disqualified persons during the year under sections 4912, 4955, and 4958 .  40c List the states with whic	35a		35a		1
Solid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spoilicable parks of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    37b Did the organization brown from, or make any losns to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Sas    37b If "Yes," complete Schedule L. Part II and enter the total amount involved    38a    39 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9    b Gross receipts, included on line 9, for public use of club facilities    38a    38a    38b    39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0; section 4911 ▶ 0; section 4912 ▶ 0; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 980 or 990-E27 if "Yes," complete Schedule L., Part I    c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958    d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax minesed on organization that a copy of this return is filed ▶    List the states with which a copy of this return is filed ▶    1 List the states with which a copy of this return is filed ▶    2 List the organization's pooks are in care of ▶ Patricia Yeaughin    2 List the organization has a converged to the organization maintain an office outside the U.S.?    3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
b Did the organization file Form 1120-P0L for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b if "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Section 501 (c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9.  5 Gross receipts, included on line 9, for public use of club facilities 38b  Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4915 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a pnor year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I organization managers or disqualified persons during the year under sections 4912, 4955, and 4938.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4938.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  The organization's books are in care of ▶ Patricia Vaughn.  Telephone no. ▶ 703-394-9192  Located at ▶ 1524 Irvin St Vienne, VA  2 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain any office outside the U.S.?  42b Jif "Yes," enter the name of the foreign country: ▶  See the ins	36				1
a Initiation fees and capital contributions included on line 9  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39a  40a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a pnor year that has not been reported on any of its prior Forms 990 or 990-EZ?! If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶  42a The organization's books are in care of ▶ Patricia Vaughn  Located at ▶ 1624 Irvin 5t Vienna, VA  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; levels as a bank account, securities account, or other financial account; If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt intere	b	Did the organization file <b>Form 1120-POL</b> for this year?	ने प्रसंदी		✓ ✓
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a pnor year that has not been reported on any of its prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶  Located at ▶ 1624 Irvin St Vienna, VA  At any time during the calendar year, did the organization have an interest in or a signature or other financial account()? If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization have a controlled entity within the meaning of section	39 a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	_		
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			<b>✓</b>
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  41 List the states with which a copy of this return is filed ▶  42a The organization's books are in care of ▶ Patricia Vaughn	C	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			年30.5 : : : : : : : : : : : : : : : : : : :
transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed ▶  The organization's books are in care of ▶ Patricia Vaughn  Located at ▶ 1624 Irvin St. Vienna, VA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	d				
The organization's books are in care of ▶ Patricia Vaughn  Located at ▶ 1624 Irvin St Vienna, VA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "No," provide an explanation in Schedule O  446 ✓  458 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of lost of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of lost of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of lost of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of lost of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of lost of the organization receive any payment from or engage in any transactio	е	transaction? If "Yes," complete Form 8886-T	40e		1.
Located at ▶ 1824 Irvin St Vienna, VA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the U.S.?	41				
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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the U.S.?		<del>-</del> • • • • • • • • • • • • • • • • • • •	42b	· Wr. Spir.	
If "Yes," enter the name of the foreign country: ▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
and enter the amount of tax-exempt interest received or accrued during the tax year	С	If "Yes," enter the name of the foreign country: ▶	42c		<b>√</b>
<ul> <li>Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li></ul>	43		· ·	. I	► □
completed instead of Form 990-EZ	<b>44</b> a				No.
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	þ	completed instead of Form 990-EZ	ala salah M	r e refres	1
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	_	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		100 Sept.	1
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>\</b>
	b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-		

Form	990-EZ	(2015)	
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Page 4
Yes No

46	Did the	e organization engage, directly or indicates for public office? If "Yes," of	ndirectly, in political complete Schedule C	ampaign activities or Part I	behalf of a	or in opposit	tion 46		
Part \	/1	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only is must answer que	stions 47-49b and	52, and c	omplete th			ies
		Check if the organization used Sc	nequie O to respond	to any question in t	this Part V	<del></del>	<del>· · · ·</del>	<del></del>	<del></del>
		ne organization engage in lobbying				during the	tax	Yes	No
	•	If "Yes," complete Schedule C, Par					. 47		1
48		organization a school as described in					. 48		1
		e organization make any transfers t s," was the related organization a se					. 49		+-
50		s, was the related organization a sollete this table for the organization's							od kov
•	emple	byees) who each received more than	n \$100,000 of comper	nsation from the orga	inization. If	there is non	e. enter '	'None.	"
<del></del> ,		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heal contribution benefit plans	th benefits, as to employee s, and deferred ensation	(e) Estima		ount of
None									
					<del> </del>				
				<u> </u>	-				
			-		1	'			
		······	<del>                                     </del>	<del> </del>	+		<del></del>		
			1						
51	\$100	olete this table for the organization 000 of compensation from the organization Name and business address of each indepen	anization. If there is no	ensated independent one, enter "None."  (b) Type of ser		<u> </u>	h receive		e than
None									
				-					
				]		<del> </del>			
	<del></del> .				<del></del>	<del> </del>	<del></del>		
				<b> </b>		<del> </del>			
				1		<u> </u>		·	
d 52	Did	number of other independent contrible organization complete Schedoleted Schedule A		•		must attac	ha .▶☑ Y		No.
Under p	enalties	of penjury, I declare that I have examined this d complete. Declaration of preparer (other tha	return, including accompar	rving schedules and staten	nents, and to t	he best of my k			
		UM Participator (otto die	VA 140	Ornadori or willon preparer		11 - 8	- 11		
Sign		Signature of officer	rangun	<del></del>		ate	- / (0		
Here		M. Patricia Type or print name and title	Varighn	Treas	ures				
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Self-emple		1	
Prep Use		Firm's name ▶			F	irm's EIN ▶			
		Firm's address ▶			F	hone no.			
May th	he IRS	discuss this return with the prepare	er shown above? See	instructions	<del></del>	<del></del>		es 🗌	No
							Form 9	990-E	<b>Z</b> (2015)

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No. 1545-0047

2015

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ame of the organization Employer identification number							number
	lliance for Haiti's Children						30946
	Reason for Public Cha						ns.
1 2	organization is not a private foundation of church, convention of church A school described in <b>section</b>	hes, or associated 170(b)(1)(A)(ii). (	on of churches descri Attach Schedule E (Fo	bed in <b>se</b> orm 990 d	<b>ction 17</b> 0 or 990-E2	D(b)(1)(A)(i). C).)	
3 4	The self-self-self-self-self-self-self-self-						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 7	described in section 170(b)(1)	receives a subst	tantial part of its supple Part II.)	port from			n the general public
8 9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)						
10 11	☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11	operated exclusions de organizations de	vely for the benefit of, escribed in <b>section 5</b> 6	to perfort 09(a)(1) or	n the fun r <b>section</b>	ctions of, or to carry <b>509(a)(2).</b> See <b>secti</b>	on 509(a)(3). Check
•	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
ŀ	Type II. A supporting organic control or management of the organization(s). You must control	e supporting org	anization vested in th				
•	Type III functionally integral its supported organization(s)						y integrated with,
•	Type III non-functionally in that is not functionally integr requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
•	Check this box if the organize functionally integrated, or Ty						I, Type III
1	Enter the number of supported Provide the following information		oorted organization(s).	• • •			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	-9 listed in your governing support (see		(vi) Amount of other support (see instructions)	
				Yes	No		
A)							
B) 							
C) ——							
D)							
E)			The state of the s				
	· ·		and the second s				

Schedule A (Form 990 or 990-EZ) 2015

	(Complete only if you checked the Part III. If the organization fails to						llify under
Section	on A. Public Support	9-3			<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,007	28,680	65,858	85,251	155,855	371,651
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 [	36,007	28,680	65,858	85,251	155,855	371,651
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,150
6	Public support. Subtract line 5 from line 4.						359,501
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4	36,007	28,680	65,858	85,251	155,855	371,651
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13	9	8	292	1425	1747
9	Net income from unrelated business activities, whether or not the business is regularly carried on					1420	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						373,398
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	<u> </u>	<u>· · ▶ □</u>
	ion C. Computation of Public Suppor			4 ( (0)		r	
14	Public support percentage for 2015 (line 6	• • •	•			14	96.28 %
15 16a	Public support percentage from 2014 Sch 331x% support test—2015. If the organic					15	%
100	box and <b>stop here.</b> The organization qua						
ь	331/3% support test—2014. If the organ			-			
_	check this box and stop here. The organ						. <b>▶</b> □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization".	ets the "facts- facts-and-circu	and-circumsta ımstances" tes	inces" test, che	eck this box ar ation qualifies	nd <b>stop here.</b> E	ine 14 is Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizate Explain in Part VI how the organization me supported organization	tion meets the neets the "fact:	facts-and-cis-and-cis-and-circums	ircumstances" tances" test. T	test, check the he organization	nis box and steen qualifies as a	and line
18	Private foundation. If the organization dinstructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization Alliance for Haiti's Children	Employer identification number 27-1780946
Part I Line 10:	
Grants and similar amounts paid:	
Program expenses for Academic Enrichment:	
After school interscholastic competition, summer camp, and other academic enrichment activities	\$ 20,371
Program expenses for Student Sponsorship:	·
Tuition, textbooks, uniforms, supplies, and lunches	\$ 17,497
Program expenses for Library and Computer Lab:	
New book purchases, operation of computer lab with 10 computers with internet access, printers, and libraria	n services \$ 4,750
Program expenses for Teacher Training:	
Computer and internet training for teachers	\$ 1,970
Program expenses for partnership with Fond des Blancs community	
Travel expenses for meetings in Fond des Blancs	\$ 156
Line 16: Admınistrative costs including bank fees and corporate licensing fees	\$ 596
Line 20: 2014 tax return reported end of year cash funds based on cash basis accounting in error. This amoun	t has been adjusted to include donations received
and expenses incurred at end of the year but not cleared in the bank account.	
Line 21: Fund balances at end of 2015 include a grant of \$75,000 received in December and allocated to progr	rams in 2016.
Part III. The mission of Alliance for Haiti's Children is to partner with rural communities in Haiti to provide a c	quality education for their children by building
education capacity throughout local schools. Our replicable model improves education through six integrated	d programs: an academic enrichment
program comprised of an interscholastic academic competition and a summer enrichment camp; student spo	onsorships; school improvements and academic
resources; teacher training; all supported by a community library and computer lab. The program operates in	La Vallée de Jacmel, Hartı.
Line 28: In 2015 the Academic Enrichment program provided an after-school interscholastic competition for	area students and a summer enrichment camp.
Approximately 700 students from 11 local schools benefited from these programs. The academic competition	n, involving more than 600 students from
from 7 elementary schools, provided weekly quiz contests based on the Haitian national curriculum. Students	s competed for placement on school teams

Name of the organization Alliance for Haiti's Children	Employer identification number 27-1780946
Line 28 (cont.): which then competed against each other. The competition has had demonstrable results, raising passin	g rates on national exams by 10-30%.
The summer enrichment camp for over 125 students from 11 schools, included instruction in basic computer literacy, Eng	ylish, arts and athletics.
The two-week camp employed local students as counselors and translators, and provided lunch and potable water. U.S.	teachers demonstrated new
pedagogical methods for local teachers and principals during the program Interactive classroom materials, books, comp	uters, software, art materials
and athletic equipment were also provided for the camp. These materials were donated to local schools and the commun	nity library after the camp concluded.
Line 29: In 2015 the Alliance provided full or partial tuition scholarships for 191 students attending 13 area schools. These	e sponsorships provided tuition, books,
school supplies, lunch and uniforms as needed.	
Line 30: In 2015 the Alliance continued to operate the only community library and public computer lab in the region. It	afforded the community of over
40,000 people including 10,000 school-aged children access to computer training and the world of online learning for the	e first time. In addition, the Alliance
purchased hundreds of books in Kreyol and French, including textbooks, research materials and books for pleasure reading	
and community members visited the library each month. Two librarians assisted students with computer training, researc	h, typing and copying.
Line 31: Other program services provided in 2015 included: teacher training in basic computer skills and internet, and a	sistar situ nartnership with the
Fond des Blancs community to explore future collaboration in health care and education between La Vallée de Jacmel an	
	·

Schedule O (Form 990 or 990-EZ) (2015)